

FOR STATE
HEALTH DEPT.

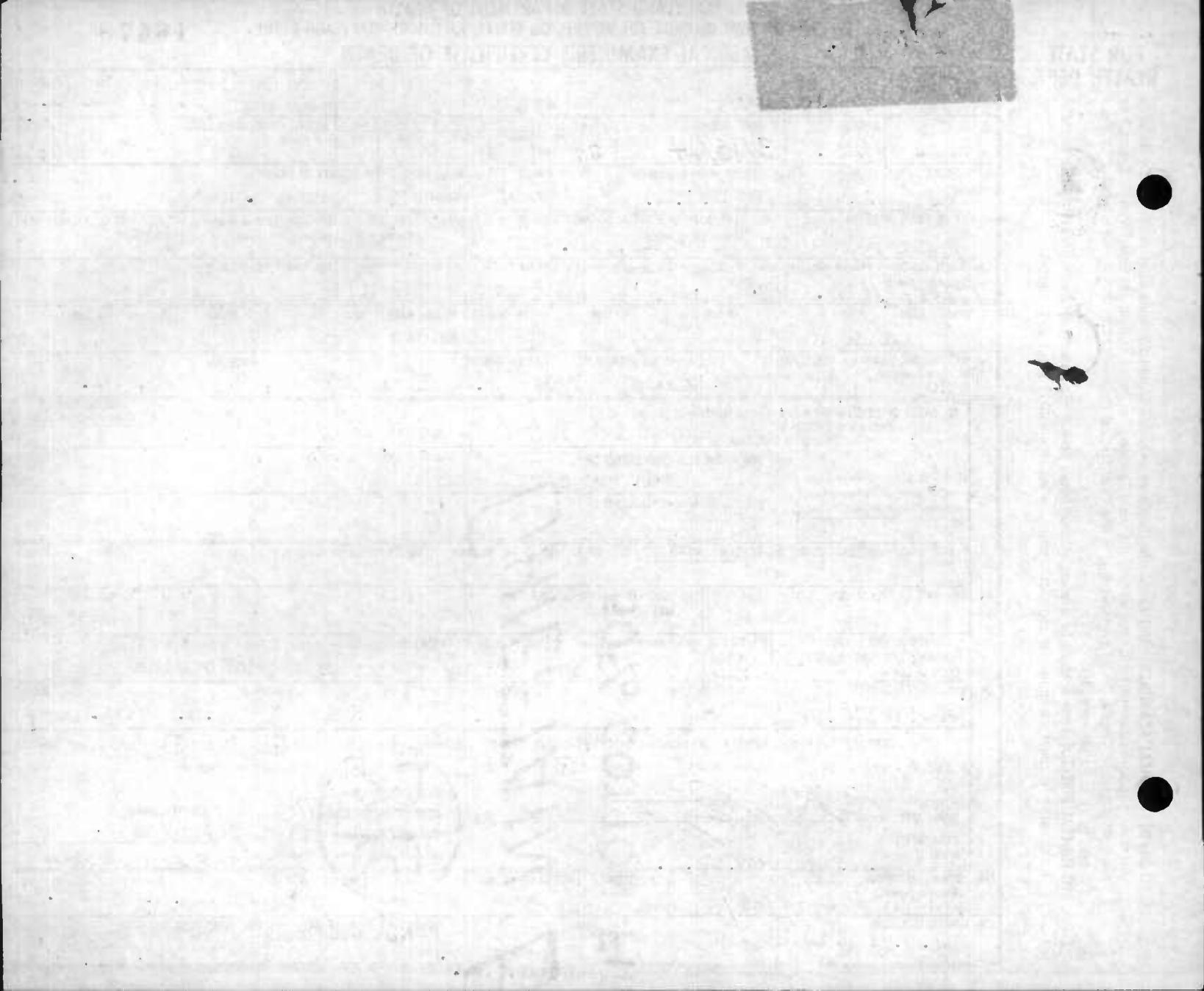
1
1646
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 10 or 12 with the State Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16478

1. DECEASED NAME (Type or Print)		First Johnnie	Middle Bratton	Last	20. DATE KNOWN <input type="checkbox"/> OF ESTI- MATED <input type="checkbox"/>	Month 11	Day 17	Year 68	2b. HOUR 6:00 P.M.		
3. SEX male	4. RACE Col.	5. DATE OF BIRTH 3/15/14	6. AGE (In years last birthday) 54 yrs.	IF UNDER 1 YEAR MONTHS HOURS DAYS MIN.	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 11 Day 17 Year 1968 6:00:30 P.M.			2d. HOUR 6:00 P.M.		
7a. BIRTHPLACE (State or foreign country) North Carolina		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne's					
10. CITY OR TOWN OF DEATH Chester		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Chester, Md.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer			12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Queen Anne's		13c. CITY OR TOWN Chester	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER					
14. FATHER'S NAME unknown		15. MOTHER'S MAIDEN NAME unknown									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16b. SOCIAL SECURITY NO. 220 09 1896		17. INFORMANT J. Walter Crouch, Chester, Md.			ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) extensive injuries to head ; multiple fractures of legs 814.7 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) hit by car DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8124											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. 5:55 P.M. 11 17 1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Hit by a car as a pedestrian							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> road		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. r. Chester			City or Town Q.A.A.	County Md.	State		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accidents <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Layton, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 11/20/68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/68		23c. NAME OF CEMETERY OR CREMATORIAL Chester			23d. LOCATION (City or Town) (County) (State) Chester Q.A.A.			25b. REGISTRAR'S SIGNATURE Judge	
24. FUNERAL DIRECTOR J.B. Dashiell Funeral Home		ADDRESS 426 Lover St. Easton, Md.		25a. REGD. BY REGISTRAR NOV 22 1968 DATE						25b. REGISTRAR'S SIGNATURE Judge	



FOR STATE
HEALTH DEPT.

Item 21 Film 407
12-16-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16473

18465

MARYLAND STATE DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME
(Type or Print)

First

Middle

Last

Gladys

Crossley

20. DATE KNOWN
OF ESTI-
DEATH MATED

Month Day Year

2b. HOUR
11-26 1968 12 PM

3. SEX

FEMALE

4. RACE

White

DATE OF BIRTH

FEB. 22 1927

6. AGE (In years
last birthday)

41 YRS.

IF UNDER 1 YEAR

MONTHS DAYS HOURS MIN

7a. BIRTHPLACE (State or foreign
country)

Maryland

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

8. MARRIED NEVER MARRIED
WIDOWED DIVORCED

9. COUNTY OF DEATH

QUEEN ANNE'S

Md.

10. CITY OR TOWN OF DEATH

Centreville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)

Water Street

12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired.)

12b. KIND OF BUSINESS OR
INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission)

Maryland

13b. COUNTY

Queen Anne's

13c. CITY OR TOWN

Centreville

13d. INSIDE CITY LIMITS?
YES NO

13e. STREET AND NUMBER

Water Street

14. FATHER'S NAME

William

First

Middle

Last

15. MOTHER'S MAIDEN NAME

Agnes

First

Middle

Last

Pinder

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

100

16b. SOCIAL SECURITY NO.

213-22-6100

17. INFORMANT

Mother

ADDRESS

Mrs. Agnes Breen

Centreville, Md

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

854.9

IMMEDIATE CAUSE (a) Overdose of Doridol + Thorazine 2 hours

DOUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
lost.

(b) Marked Mental Aberration

DOUE TO, OR AS A CONSEQUENCE OF

(c)

years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

8740

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED?

20. AUTOPSY?

YES NO

MEDICAL CERTIFICATION

21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year
HOUR A.M.
Unk. P.M. Nov. 26 1968

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Overdose of sleeping pills
Self administered

21d. INJURY OCCURRED
WHILE NOT WHILE
AT WORK

21e. PLACE OF INJURY (At home, farm, street,
factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State
Home Centreville Q.A. Md.

22a. I certify that I took charge of the remains described above, held an

Autopsy Inspection Inquiry and in my opinion
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

ACTUAL
SIGNATURE

C.R. Layton

CHIEF MEDICAL EXAMINER

M.D.

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22b. DATE SIGNED

Nov 27 1968

EXAMINER'S
NAME (Type)

C. R. Layton MD

ADDRESS (Street, city, town, or county)

Centreville Md

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE
Nov. 28, 1968

23c. NAME OF CEMETERY OR CREMATORIUM
Sudlersville Cemetery

23d. LOCATION (City or Town) (County) (State)
Sudlersville Q.H.C. Md.

24. FUNERAL DIRECTOR,

ADDRESS

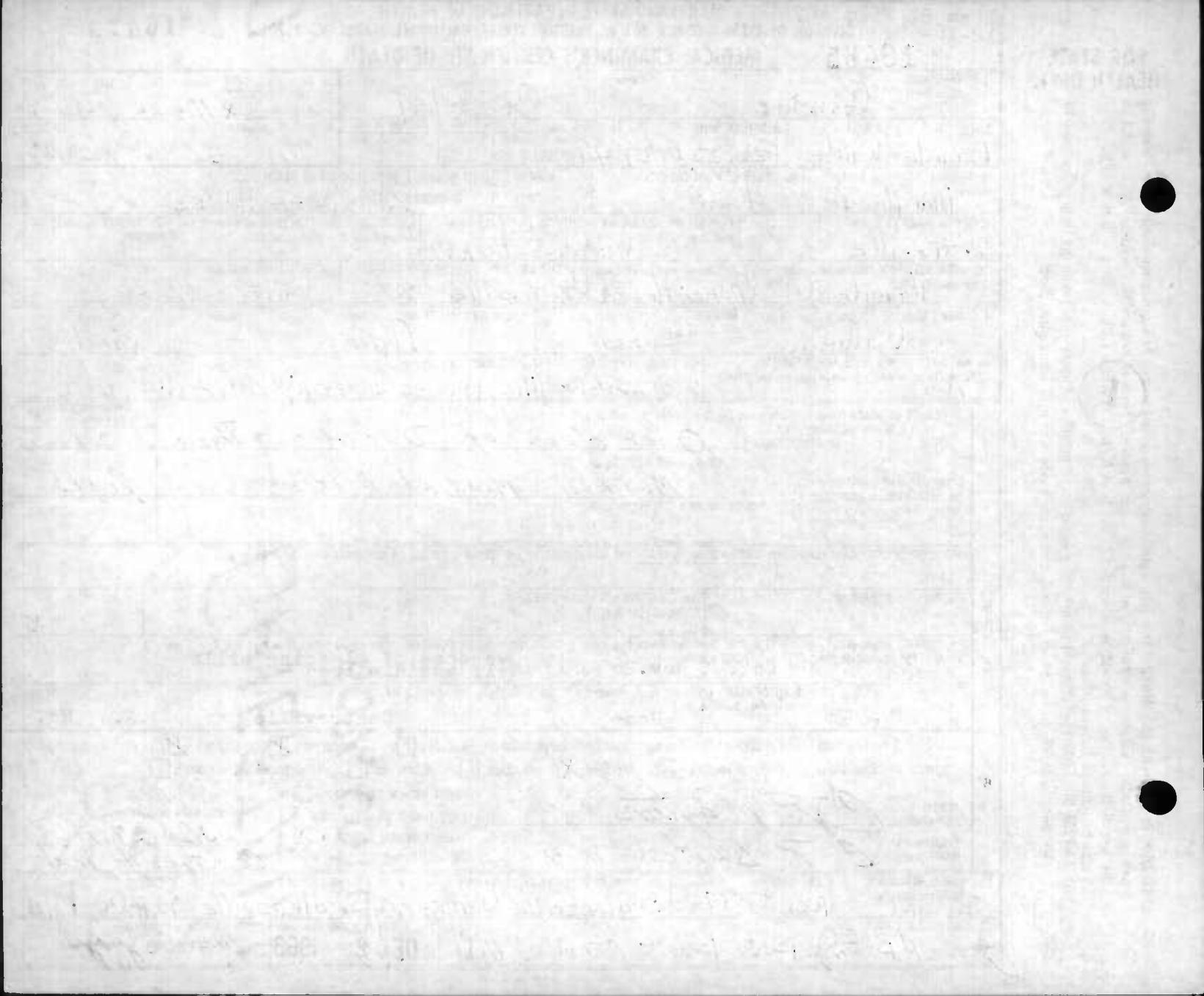
25a. REC'D BY REGISTRAR
DATE DEC 2 1968

25b. REGISTRAR'S SIGNATURE
Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
10M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

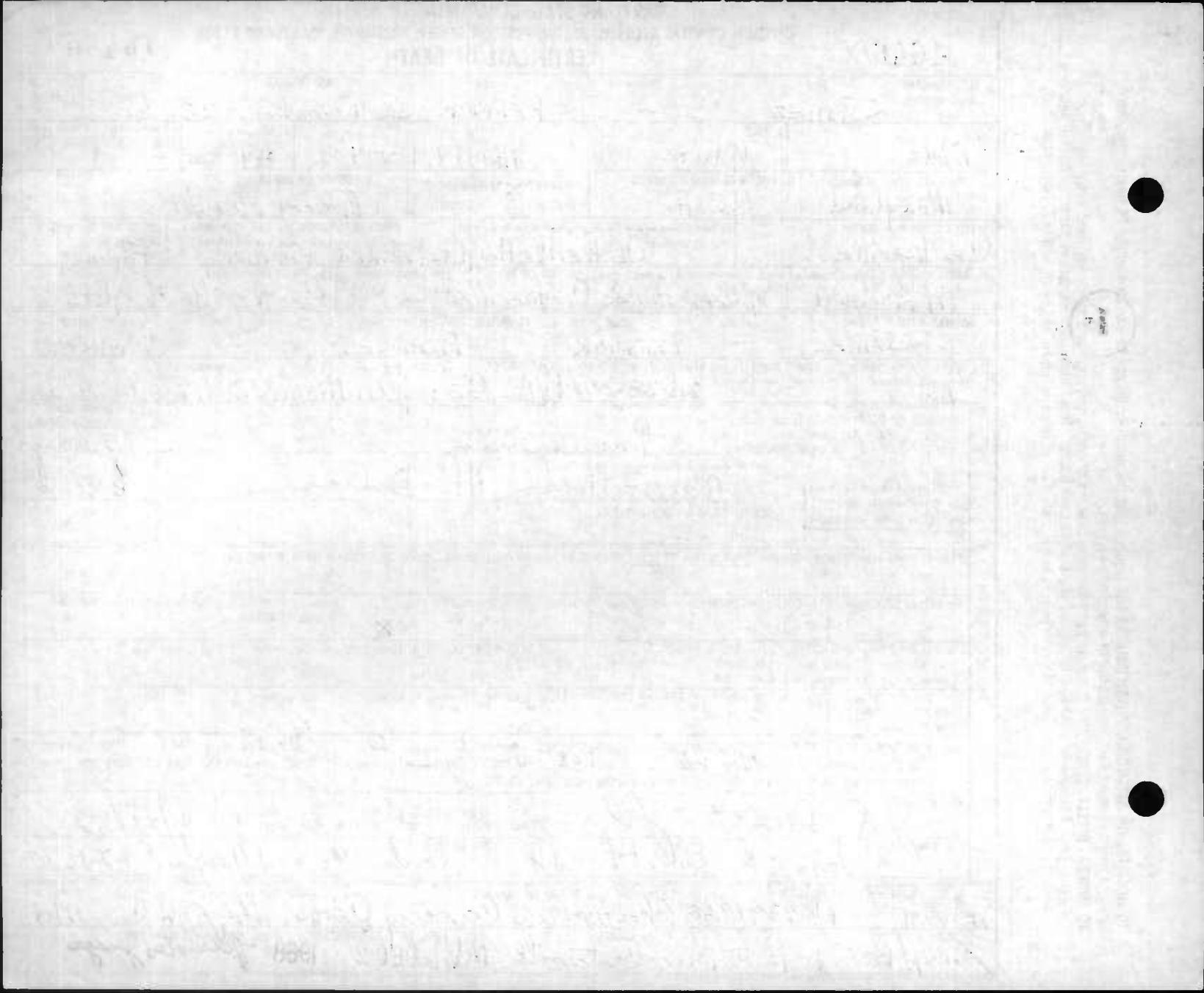
CERTIFICATE OF DEATH

16466

10. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First JAMES	Middle —	Lost FERRICK, JR	2a. DATE OF DEATH Month November	Day 28	Year 68	2b. HOUR 10 ³⁰ P.M.
3. SEX Male		4. RACE White	S. DATE OF BIRTH May 19, 1884	6. AGE (In years lost, birthday) 84	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH QUEEN ANNE'S				
10. CITY OR TOWN OF DEATH Centreville		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Centreville Heights	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RETIRED PARTNER	12b. KIND OF BUSINESS OR INDUSTRY FARMING				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Queen Anne's	13c. CITY, OR TOWN Centreville	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER Centreville Heights			
14. FATHER'S NAME First JAMES		Middle —	Last FERRICK	15. MOTHER'S MAIDEN NAME First FRANCES	Middle —	Lost WALKER		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 215-38-0714	17. INFORMANT DAUGHTER	Address Mrs. George Oldham, Centreville, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) <p>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 4129 Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. Arterosclerotic Ht. Disease (b) Arterosclerotic Ht. Disease (c) Arterosclerotic Ht. Disease </p> <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p>4200</p>								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <small>(If either, notify medical examiner)</small>		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from July 1, 1968 , to Nov 28, 1968 , that (I) (we) last saw the deceased alive on Nov 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE J.R. Smith Jr.		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/29/68			
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr.		22e. ADDRESS Centreville Maryland 21617						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Chesterfield Cemetery	23d. LOCATION (City or Town) (County) (State) Centreville, Queen Anne's Co., Md.				
24. FUNERAL DIRECTOR James J. Baiter Jr. - Baiter Bros., Centreville, Md.		ADDRESS Baiter Bros., Centreville, Md.	25a. RECD. BY REGISTRAR DATE DEC 2 1968	25b. REGISTRAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16481

CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
11 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. To do so, lift off the top sheet and fold the bottom sheet over the top sheet. Then please remove carbon papers. To do so, lift off the top sheet and fold the bottom sheet over the top sheet. Within 72 hours after death, the certificate should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR 1:00 A.M.
ROBERT LOUIS EZEKIEL HUNTER				NOVEMBER 8 1968	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
Male	White	MARCH 28, 1905			
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH	Md.	
MARYLAND	U.S.A.		QUEEN ANNE'S		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
Church Hill	RURAL	ELECTRICIAN	SHIP-BUILDING		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER		
MARYLAND	QUEEN ANNE'S Church Hill				
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
William	FRANKlin	HUNTER	Martha		CLOVEY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT WITH Mrs. FAITH S. HUNTER, Church Hill, Md.	Address	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
No.	171-10-3059			6 mos.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> 2381 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Right frontal lobe tumor</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Frontal lobe tumor - cystomatous cyst metastases</u> 1 year 6 mos.					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 237X					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>July 2, 1967</u> , to <u>Nov 8, 1968</u> , that (I) (we) last saw the deceased alive on <u>Nov 3, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>J. R. Smith Jr.</u>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/19/68	
22d. PHYSICIAN'S NAME (Type)	John R. Smith, Jr.	22e. ADDRESS Centreville, Md 21617			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 11, 1968	23c. NAME OF CEMETERY OR CREMATORIUM CHESTERFIELD Cemetery	23d. LOCATION (City or Town) Centreville, Queen Anne's Co., Md.	(County)	(State)
24. FUNERAL DIRECTOR John J. Barton Jr.	ADDRESS Barton Bros. Centreville, Md.	25a. REC'D BY REGISTRAR NOV 12 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		

